

SENDER:

- Complete items 3, 2d, and 2e. Additional services
- Complete items 3, and 4a & b.
- Print your name and address on the **reverse** of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

**Opelika City Schools
300 Simmons Street
Opelika, AL 36801**

5. Signature (Addressee)

6. Signature (Agent)

PS 1 7001 1940 0000 7905 3192 MIS GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Do you wish to receive the following services (for an extra fee)?

1. **Addressee's Address**

2. **Restricted Delivery**

Consult postmaster for fee.

4a. Article Number

4b. Service Type

Registered Insured
 Certified COD
 Express Mail **Return Receipt for Merchandise**

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.